Complete and send this form, together with applicable fee(s), to: Mail

. . . 1

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u>

(703) 746-4000

nent or formal drawing, mus	mailing can only be used for is certificate cannot be used full paper, such as an assignme e of mailing or transmission. **rtificate of Mailing or Trans is Fee(s) Transmittal is being with sufficient postage for first Stop ISSUE FEE address TO (703) 746-4000, on the design of the control o	papers. Each additional have its own certificate	OIPE		T	26875 7
(Depositor's name)		Mary Ann). d	032 B		8/2005 EHAILE2 00
(Signature)	w Xluxbield	Maryan	PRADEMAR	VJE		
(Date)	200500	March 15,			00 DA 00 DA	
CONFIRMATION NO.	ATTORNEY DOCKET NO. CONFIRMATION NO		FIRST NAME		FÎLING DATE	APPLICATION NO.
9365	HILB/682	. Acton	Troy D		01/27/2000	09/492,032
\$1400 03/15/2005	\$0 \$1400		\$1400 ART UNIT		nonprovisional NO EXAMINER	
		027-002000		367	WILLIAM L	
HERRON & EV	at attorneys 1 WOOD, a member a 2 2	ting on the patent front page, li mes of up to 3 registered pater DR, alternatively, me of a single firm (having as a attorney or agent) and the named d patent attorneys or agents. If name will be printed.	(1) the na or agents (2) the nar registered 2 registered	Correspondence	dence address or indication of "Formula dence address (or Change of 22) attached. attion (or "Fee Address" Indication (or more recent) attached. Use	R 1.363). ☐ Change of correspon Address form PTO/SB/1 ☐ "Fee Address" indica
		(print or type)	N THE PATENT	E PRINTED ON	O RESIDENCE DATA TO B	ASSIGNEE NAME ANI
			ee data will app	elow, no assigne	s an assignee is identified be	PLEASE NOTE: Unles
document has been filed fo	ee is identified below, the d	ear on the patent. If an assign for filing an assignment.	IOT a substitute	of this form is No	n 37 CFR 3.11. Completion	recordation as set forth i
document has been filed fo		CE: (CITY and STATE OR CO	(B) RESIDENC			recordation as set forth i (A) NAME OF ASSIGN
document has been filed fo			(B) RESIDENC	((A) NAME OF ASSIGN
	UNTRY)	CE: (CITY and STATE OR CO atesville, IN atent): Individual XIC	(B) RESIDENCE Be printed on the p	Inc.	NEE leeServices, e assignee category or catego	(A) NAME OF ASSIGN Batesvil ase check the appropriat
	UNTRY) orporation or other private gro	CE: (CITY and STATE OR CO atesville, IN atent): Individual XIC Fee(s):	(B) RESIDENCE Ba printed on the p 4b. Payment of	Inc.	NEE leeServices, e assignee category or catego	(A) NAME OF ASSIGN Batesvil ase check the appropriat The following fee(s) are
	UNTRY) orporation or other private gro	EE: (CITY and STATE OR CO atesville, IN atent): Individual XIC Fee(s): in the amount of the fee(s) is er	(B) RESIDENCE Be of the printed on	Inc.	NEE leeServices, e assignee category or category enclosed:	(A) NAME OF ASSIGN Batesvil ase check the appropriat The following fee(s) are Issue Fee
group entity 🚨 Governmen	UNTRY) orporation or other private gro sclosed. B is attached.	EE: (CITY and STATE OR CO atesville, IN atent): Individual XIC Fee(s): in the amount of the fee(s) is er by credit card. Form PTO-2038	Baprinted on the p 4b. Payment of A check Payment	Inc.	leeServices, e assignee category or catego e enclosed: small entity discount permitte	(A) NAME OF ASSIGN Batesvil ase check the appropriat The following fee(s) are Issue Fee Publication Fee (No
group entity 🚨 Governmen	UNTRY) orporation or other private gro sclosed. B is attached.	EE: (CITY and STATE OR CO atesville, IN atent): Individual XIC Fee(s): in the amount of the fee(s) is er	Baprinted on the p 4b. Payment of A check Payment	Inc.	leeServices, e assignee category or catego e enclosed: small entity discount permitte	(A) NAME OF ASSIGN Batesvil ase check the appropriat The following fee(s) are Issue Fee
group entity Government or credit any overpayment, to copy of this form).	orporation or other private groundsclosed. B is attached. harge the required fee(s), or (enclose an extra contraction.	EE: (CITY and STATE OR CO atesville, IN atent): Individual XIC Fee(s): in the amount of the fee(s) is er by credit card. Form PTO-2038	(B) RESIDENC Bo printed on the p 4b. Payment of A check Payment The Directory Deposit Access	Inc. pries (will not be pries)	leeServices, e assignee category or catego e enclosed: small entity discount permitte	(A) NAME OF ASSIGN Batesvil ase check the appropriat The following fee(s) are Issue Fee Publication Fee (No Advance Order - # o

interest as shown by the record of the

Authorized Signature

<u>Jacobs</u> Typed or printed name Wayne

Date March 15, 2005

Registration No. 35,553

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.